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FROM: Quan L. Nguyen
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OF PAGES (INCLUDING COVER): 19
DATE: June 7, 2006
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FILE NAME: ALLE0064-100
FILE #: 185371

| RECIPIENT(S) | EXAMINER | FAX |
|--|-----------------------|--------------|
| U.S. Patent Office | Catherine L. ANDERSON | 571-273-8300 |
| <i>Docket No.:</i> ALLE0064-100 (17595 BOT) | | |
| <i>In re application of:</i> Caers, et al. | | |
| <i>Serial No.:</i> 10/621,054 | | |
| <i>Filed:</i> July 15, 2003 | | |
| <i>Group Art Unit:</i> 3761 | | |
| <i>Confirmation No.:</i> 8812 | | |
| <i>For:</i> DEVICE TO ASSIST HYPERHYDROSIS THERAPY | | |

Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (2 pages)
- Amendment And Request For Reconsideration (13 pages)
- Exhibit 1 (1 page)
- Exhibit 2 (1 page)

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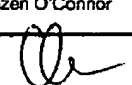
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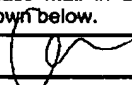
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| | | | |
|--|----------------------|------------------------|--------------------------|
| TRANSMITTAL FORM | Application Number | 10/621,054 | |
| | Filing Date | July 15, 2003 | |
| | First Named Inventor | Caers et al. | |
| | Art Unit | 3761 | |
| | Examiner Name | ANDERSON, Catherine L. | |
| (to be used for all correspondence after initial filing) | | Attorney Docket Number | ALLE0064-100 (17595 BOT) |
| Total Number of Pages in This Submission | | | |

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| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Exhibit 1 Exhibit 2 |
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm | Cozen O'Connor | | |
| Signature |  | | |
| Printed Name | Quan L. Nguyen | | |
| Date | June 7, 2006 | Reg. No. | 46,957 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | Quan L. Nguyen | Date | June 7, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | | | |
|---|--|--------------------------------------|---|
| FEE TRANSMITTAL for FY 2006 | | Complete if Known | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number 10/621,054 | Filing Date July 15, 2003 |
| TOTAL AMOUNT OF PAYMENT (\$) 650 | | First Named Inventor Caers et al. | Examiner Name Catherine L. ANDERSON |
| | | Art Unit 3761 | Attorney Docket No. ALLE0064-100 (17695 BOT) |

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METHOD OF PAYMENT (check all that apply)

☐ Check
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 ☐ None
 ☐ Other (please identify) :

☒ Deposit Account
 Deposit Account Number: 50-1275
 Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s)
 ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

21 -20 or HP= 1 x 50 = 50

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

7 - 3 or HP= 4 x 200 = 600

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|--|----------|---------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x | _____ = | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | | | | |
|-------------------|---|--------------------------------------|--------------|-----------|--------------|--|
| Signature |  | Registration No. (Attorney/Agent) | 46,957 | Telephone | 215-665-2158 | |
| Name (Print/Type) | Quan L. Nguyen | Date | June 7, 2006 | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NO.: ALLE0064-100
(17595 (BOT))

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Examiner:

Caers et al.

ANDERSON, Catherine L

Serial No.: 10/621,054

Group Art Unit: 3761

Filed: July 15, 2003

Confirmation No. 8812

For: DEVICE TO ASSIST HYPERHYDROSIS THERAPY

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

REQUEST FOR RECONSIDERATION

In response to the Non-Final Office Action mailed March 7, 2006 in connection with the above-identified patent application, Applicant respectfully requests reconsideration of the rejections of record in view of the remarks provided below.

Applicant hereby authorizes the Office to charge or credit any appropriate fees to Deposit Account Number 50-1275.

06/08/2006 AKELECH1 00000031 501275 10621054

01 FC:1202 50.00 DA
02 FC:1201 600.00 DA